MECHANICAL PERMIT APPLICATION

OWNER-BUILDER DECLARATION
I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Sec. 7000) of Div. 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):
Date Signature of Owner
LICENSED CONTRACTORS DECLARATION
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.
License Class License Number Expiration Date
Date Signature of Contractor
WORKERS' COMPENSATION DECLARATION
I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Sec. 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier
Policy No
Date Signature of Applicant WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.
CONSTRUCTION LENDING AGENCY
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).
Lender's Name
Lender's Address
Leartify that I have read this application and state that the shows information in
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws re- lating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent

CITY OF LAKE FOREST

25550 Commercentre Drive #100, Lake Forest, CA 92630 Counter Hours: M-Th, 8am to 11:45am & 1pm to 6pm QTY. And alternate Fridays, 8am to 11:45am & 1pm Inspector's Hours: 8 am to 9am
Inspection Request Line: (949) 461-

(·ASA) 3 -7·)	Counter Hours: M-Th, 8am to 11:45am & 1pm to 6pm			QTY.	DESCRIPTION		
	And alternate Fridays, 8am to 11:45am & 1pm to 5pm Inspector's Hours: 8 am to 9am				AIR HANDLING UNIT < or + 5,000 C	CFM	
Inspection Request Line: (949) 461-3468			3468		AIR HANDLING UNIT > 5,000 C		
SITE ADDRESS					AIR CONDITIONING OR HEAT PUMPS	s	
					Up TO 5 Tons	s/HP	
ASSESSOR PARCEL NUMBER					Over 5 Tons/HP		
					AIR INLETS AND OUTLETS		
BOOK PAGE		PARCEL			APPLIANCE VENT(S)		
ADDITIONAL INFORMATION / LEGAL DESCRIPTION					EVAPORATIVE COOLER		
					COOLING / REHEATING COIL / ELEC	T. STRIP	
				FURNANCE (floor / floor mounted / rece		ecessed)	
				FURNACE WITH DUCTS & VENTS			
PROPERTY OWNER					Up to 100,000 E	BTU	
					More than 100,00 E	BTU	
MAILING ADDRESS					HOOD WITH ATTACHED FANS/DUCT	rs	
					INCINERATOR		
CITY	STATE	ZIP			MANUFACTURED FIREPLACES(S)		
					REPAIR / ALTERATION / ADDITION ((to	
PHONE NUMBER	<u>.</u>				boiler, compressor, or absorption sys		
ARCHITECT'S OR ENGINEER'S NAME LICENSE NUMBER			41	Up to 5HP or 100,000 BTU			
ARCHITECTS OR ENGINEER'S NAME					·		
			╝		More than 5HP or 100,000 E		
ADDRESS					REPAIR / ALTERATION / ADDITION T		
	1	T			HEATING / COOLING SYSTEMS INCL	.UDING	
CITY	STATE	ZIP			CONTROLS OR REGISTERS		
			╝		VENTILATING FAN(S)		
PHONE NUMBER					VENTILATING SYSTEM(S)		
APPLICANT / CONTACT PERSON			\dashv \vdash		FOLIANIOAL PERMIT OURTOTAL	_	
					ECHANICAL PERMIT SUBTOTAL	\$	
PHONE NUMBER					AN CHECK FEE	\$	
CONTRACTOR'S NAME			- PI	LAN CH	IECK NO. INITIALS	DATE	
					CK NO.		
ADDRESS							
				MI	ECHANICAL PERMIT FEE	\$	
CITY	STATE	ZIP		IS	SUANCE FEE	\$	
PHONE NUMBER			IL		OTAL MECHANICAL PERMIT FEE	\$	
EXPIRATION				ERMIT	NO. INITIALS	DATE	
		e null and void if the building			CK NO.		
permit, or if the building or w	ork authorized by suc	in 180 days from the date of th permit is suspended or	such FI	NALED	BY	DATE	
abandoned at any time after	the work is commend	ed for a period of 180 days.					

APPLICANT TO FILL IN QUANTITY (PLEASE PRINT